



DONATION FORM



(IF REPLY, PLEASE SEND BACK THIS COPY FOR OUR REFERENCE)

Date: _____

I / WE would like to contribute a sum of RM _____

In words _____

Cheque /M.O/ P.O No. _____ Bank _____

to Persatuan Penjagaan Kanak-Kanak Terencat Akal Johor Bahru, Johor.

Donor's Detail

Name of Donor _____ Signature _____

Company Name (If Any) _____

Address _____

Contact No: _____ Email _____

Our Bank Account Detail:

CIMB : 80-0595160-6
Branch : CIMB Kulai
Receiver : PPKKTAJB
SWIFT : CIBBMYKL

Attention to

S. MURUGAIYAH @ JEEVAH
Vice President
PPKKTAJB

Note: All Cheque Must Be Crossed & Payable To

**PERSATUAN PENJAGAAN KANAK-KANAK TERENCAT AKAL JOHOR BAHRU
JOHOR OR P.P.K.K.T.A.J.B.J**

For Further Information

S. MURUGAIYAH @ JEEVAH

Vice President

H/P: 012-7761465